VHA OI - System
Design & Development

BILLING ENHANCEMENTS FOR EDI

RELEASE NOTES

Patch IB*2*51

March 2001

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Introduction

The purpose of the EDI project is to provide VA facilities with a national solution to allow electronic billing of insurance companies. Currently there are a number of facilities that have local contracts to do electronic billing with various third party companies or directly with one or more insurance companies. Many of these solutions have required double entry of bills or IRM support to provide uploads of data. EDI will provide a common mechanism for electronic transmission of claims through the Austin Services Center, using ANSI ASC X12 EDI. The ASC X12 EDI standard provides a framework for health care billing information. Claims can be submitted to insurance companies and claim status can be returned to the submitter using EDI.

Ultimately this project will result in increased collections from third party carriers. Some fiscal intermediaries require EDI (Electronic Data Interchange). This project will allow sites to take advantage of these additional revenue sources. EDI is expected to make the billing process more efficient by allowing sites to put more emphasis on collections. The EDI functionality is part of the interim solution for Universal Billing.

Due to the size and complexity of this project, it is being released in three phases.

Phase I - Patch IB*2*136 was released to the field in October 2000. It provided MCCR and IRM employees with information necessary for the installation and implementation of Patch IB*2*51.

Phase II - This phase of the project, Patch IB*2*51, Billing Enhancements for EDI, includes new billing edits, changes to both the UB-92 and HCFA 1500 printed forms (Output Formatter), and several changes to the Billing Screens. The edit changes implemented with IB*2*51 are required to bill according to the industry standards and to support the forthcoming electronic billing patch, IB*2*137.

Phase III - Patch IB*2*137 will standardize billing to meet industry billing requirements, the ANSI ASC X12 transaction code set requirements for electronic billing, and allow for Medicare non-reimbursable billing, in order to obtain a Medicare Remittance Advice (MRA).

Documentation
Detailed documentation, released with Patch IB*2*136 relating to the Output Formatter changes and new Edit Errors/Warnings is available at the following locations.

The Project Warboard web page at http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=5&Type=Active contains the EDI Readiness Informational Documentation, as well as other helpful information.

The following OI Field Offices' Anonymous.Software directories: (Use binary transfer to retrieve the file.)

OI Field Office	FTP Address	Directory
ALBANY	ftp.fo-albany.med.va.gov	anonymous.software
HINES	ftp.fo-hines.med.va.gov	anonymous.software
SALT LAKE	ftp.fo-slc.med.va.gov	anonymous.software
FIRST AVAILABLE SERVER	download.vista.med.va.gov	anonymous.software

FILE NAME: IB_2_136Info.pdf
DESCRIPTION: EDI Readiness Informational Documentation

The following list of reference materials pertaining to this patch can be found on the VistA University web page at the following address: http://vaww.vistau.med.va.gov/VistaU/ub/default.htm

File Name   **Description**
BillingEnhancementsUsersGuide.pdf   User's Guide for Patch IB*2*51
BillingEnhancementsReferenceGuide.pdf   Billing Enhancements Reference Guide
EDICheatSheet.doc   EDI Cheat Sheet
ChecklistforEDIReadinessPatch_51.doc   Checklist for EDI Readiness Patch 51
TechnicalSuggestionsforLocalEDISites.doc   Technical suggestions for local EDI sites

Detailed documentation for completing the HCFA 1500 can be found at the following locations.
http://www.hgsa.com/professionals/refman.shtml (select Chapter 9 listed on the Table of Contents)
http://vaww.rev.lrn.va.gov/revenue
http://vaww.rev.lrn.va.gov/revenue/projecttools/mra.htm

Please ensure the Release Notes, User's Guide, and other pertinent documents are distributed to the appropriate users.

Overview

Patch IB*2*51, Billing Enhancements for EDI, provides the necessary modifications and edits required to create claims according to industry standards and to support the forthcoming Electronic Billing patch (IB*2*137).

Billing Screens
Many of the Billing Screens accessed through the Enter/Edit Billing Information [IB EDIT BILLING INFO] option were modified. Some existing fields that previously were optional are now required fields. Other modifications introduced new fields that are required for EDI.

Pre-authorization Edits/Warnings
Several new pre-authorization edits and warnings have been added with this patch. The new billing edits will stop a claim from being authorized if a required field is not populated.

The Output Formatter
With the implementation of patch IB*2*51, the printed copy of the HCFA 1500 and UB-92 will take on a new appearance, and will automatically print using pre-defined Output Formatter data elements and routines. No user action is required unless you find it is necessary to modify your forms from the national defaults by adding local Output Formatter changes. The printing of bills using only IB routines will no longer be supported.

Functional Description

Enter/Edit Billing Information

All billing screens accessed through the Enter/Edit Billing Information option, with the exception of Screen 2, have been modified. Some existing fields that previously were "optional" are now required fields. Failure to enter the correct data in these fields will result in an inconsistency, and the claim will not be authorized. The following gives a detailed description of all changes.

<u>Header Line</u>
The text line at the top of each screen has been modified to include the professional/institutional characteristics of the bill. This data will appear immediately after the inpatient/outpatient designation. This data is based on the bill form type (HCFA 1500/UB-92) to determine PROF (HCFA 1500) or INST (UB-92).

<u>Screen 1</u>
Edit Group 1
- Will now display Date of Death when a date has been entered into VISTA using the Death Entry option.

<u>Screen 3</u>
Edit Group 1
- The Current Bill Payer sequence has been moved from the second field to the last field in the group to edit.

<u>Screen 4 (Inpatient Only)</u>
Edit Group 1
- The ability to add/edit an admission time for inpatient bills that are NOT related to a PTF admission has been added.

Edit Group 3
- Functionality has been added to update the ADMITTING DIAGNOSIS field, if it has not already been entered, for inpatient bills.

Edit Group 4
- The date range of the bill is now displayed when entering procedure date.
- Several new fields have been added that will apply to the procedure being entered
    - CPT Modifier Data (if CPT or HCPCS code – up to 4 modifiers can be added)
        - CPT Modifier Sequence
        - CPT Modifier
    - For HCFA 1500 claims:
        - Emergency Procedure?
        - Purchased Cost
        - Minutes (if anesthesia Type of Service indicated)
        - HCFA Box 24K (LOCAL USE ONLY)
        - Service Line Comment
        - Edit HCFA 1500 Special Program Fields and Box 19?
        - if answered yes:
            - EPSDT Flag
            - Attending Not Hospice Employee
            - Level of Subluxation
            - Last XRAY Date
- DIVISION will now be a required field for every procedure entered
    .

Screen 5 (Outpatient Only)
Edit Group 4
- Several new fields have been added that will apply to the procedure being entered:
    - CPT Modifier Data (if CPT or HCPCS code – up to 4 modifiers can be added)
        - CPT Modifier Sequence
        - CPT Modifier
    - For HCFA 1500 claims:
        - Emergency Procedure?
        - Purchased Cost
        - Minutes (if anesthesia Type of Service indicated)
        - HCFA Box 24K (LOCAL USE ONLY)
        - Service Line Comment
        - Edit HCFA 1500 Special Program Fields and Box 19?
        - if answered yes:
            - EPSDT Flag
            - Attending Not Hospice Employee
            - Level of Subluxation
            - Last XRAY Date
- Division will now be required for every procedure entered.

Edit Group 5 - (RX HCFA 1500 only)
- Entry of a prescription on a HCFA 1500 will now allow reasonable charges to link this prescription directly to the revenue code containing its charge.
- If there is a default procedure code of Rx defined in the site's parameter file, the procedure will be auto-added and linked to the Rx and the corresponding revenue code. This link is required for the procedure to print correctly on a HCFA 1500 form. If no default procedure exists, a procedure must be manually entered, then the revenue code's RX PROCEDURE field for the prescription must be edited to indicate this procedure is the corresponding Rx.

Edit Group 7
- Occurrence Code dates must be precise, with month, day and year.

Screen 6 (Inpatient Only)
Edit Group 1
- Functionality has been changed for editing provider information based on the form type. If the form type changes from HCFA 1500 to UB-92 and a Rendering Provider function is on the bill, the user is asked to change this function to Attending to match the bill form type. If the form type changes fromUB-92 to HCFA 1500 and an Attending Provider function is on the bill, the user is asked to change this function to Rendering to match the bill form type.

Edit Group 5
- The initial display of the Revenue Code has been changed from 10 to a maximum of 8.

Screen 7 (Outpatient Only)
Edit Group 1
- Functionality has been changed for editing provider information based on the form type. If the form type changes from HCFA 1500 to UB-92 and a Rendering Provider function is on the bill, the user is asked to change this function to Attending to match the bill form type. If the form type changes fromUB-92 to HCFA 1500 and an Attending Provider function is on the bill, the user is asked to change this function to Rendering to match the bill form type.

Edit Group 5
- The revenue code displayed in Edit Group 5 now includes a second line for revenue codes that are of type Rx. The second line contains the procedure and Rx # that the revenue code is linked to.
- The division on the revenue code defaults to the current default division on the top level of the bill. Charges for multiple divisions must be entered on separate bills.
- If type of charge is Rx and there is a corresponding Rx entered for the bill, the link to a procedure not added automatically from the entry of the Rx can be entered at the RX PROCEDURE prompt.
- If the charge was auto-added via reasonable charges, the message AUTO ADDED CHARGE is displayed to indicate the fields COMPONENT and TYPE cannot be changed.

Screen 8 (HCFA 1500 Only)
Edit Group 2
- A new ADMITTING DX field has been added.
- Block 31 is no longer available for editing on a HCFA 1500.
- ICN/DCN(s) prompt has been added. This allows for primary, secondary and tertiary ICN/DCN entries.
- The TX AUTH CODE field has been moved to edit group 2 and individual fields for primary, secondary and tertiary treatment authorization codes have been added.

Edit Group 3
- Provider has been added as edit group 3. This includes provider function for the services performed (admitting, rendering, referring, operating), provider name, IDs and, if not a provider found in VISTA, the specialty and credentials.

Edit Group 4
- A new field has been added for entry of Non-VA Facility name and ID numbers for services being billed that were performed at a location that was other than the main hospital or division of the Medical Center. This will print in FL 32 of the HCFA 1500 claim.

Edit Group 5
- Added Edit Group 5 for entry of free text data to print in FL 19 of the HCFA 1500 if no specific field exists to report the data.

Screen 8 (UB92 Only)
Edit Group 1
- Added ADMISSION SOURCE field for outpatient claims.
- The prompts for FL 31A, 37B, and 37C have been changed to ICN/DCN(s) and placed in Edit Group 1 instead of Edit Group 4.
- The TX Auth. Code(s) has been moved from Edit Group 4 to Edit Group 1 and individual fields for Primary, Secondary and Tertiary Treatment Authorization Codes has been added to display under the TX. Auth.Code(s) caption.

Edit Group 2
- Provider has been added as edit group 2. This includes provider function for the services performed (admitting, rendering, referring, operating), provider name, IDs and, if not a provider found in VISTA, the specialty and credentials.

Print Form Changes
This patch changes numerous data fields on both the HCFA 1500 and UB-92 billing forms. It was necessary to entirely delete and rebuild these forms. All Output Formatter print fields will be deleted for the HCFA 1500 and UB-92 print forms. Any form field overrides that have been created locally for these two forms will be deleted. This is necessary to allow patch IB*2*51 to cleanly update the forms with the new print changes. IB*2*51 does not delete anything for local Screen 9 and will not delete any local data elements.

For detailed documentation on the Output Formatter, please see the "NOTE" included in the Introduction to this manual.

Implementation Guidelines

It is STRONGLY recommended that the software be installed in a TEST account first to allow the MCCR billing staff an opportunity to become familiar with the software before installing it in your production account.

It is imperative that PRIOR to the installation of IB*2*51 all sites, including integration sites (primary and legacy), review and take necessary action as outlined in IB*2*136 EDI Readiness Informational patch which was released October 2000.

BEFORE YOU INSTALL IB*2*51:

Patch IB*2*51 changes numerous data fields on both the HCFA 1500 and UB-92 billing forms. It was deemed necessary to entirely delete and rebuild these forms. As a result, all Output Formatter print fields will be deleted for the HCFA 1500 and UB-92 print forms. Any form field overrides that have been created locally for these 2 forms will be deleted. This was necessary to allow patch IB*2*51 to cleanly update the forms with the new print changes. IB*2*51 does not delete anything for local screen 9 and will not delete any local data elements.

IMPORTANT

All sites should use the following menu option to identify and print their locally defined override fields prior to installing patch IB*2*51 so that a hard copy of the local changes exists and can be re-entered, if necessary, after patch 51 has been installed:

List all Local Print Fields [IBCE LIST LOCAL]

The above option is located under the Management Reports (Billing) Menu.
[IB OUTPUT MANAGEMENT REPORTS].

In preparation for EDI and per Envoy's requirements, the FACILITY NAME field (FL1 on the UB-92 and FL33 on the HCFA 1500) must not contain numeric characters. The current version of the software uses the data entered for the Agent Cashier Mail Symbol from the IB SITE PARAMETERS file to print these fields. This field, however, often contains the numeric valued facility routing symbol.

To accommodate Envoy's requirements a new field, FACILITY NAME FOR BILLING, has been added to the IB SITE PARAMETERS file. The data entered in this field will print on the first line, form locator 1 of the UB-92, and Box 33 of the HCFA 1500. This data must be 1-18 alpha-only characters. If a site wishes to include the agent cashier's routing symbol in the facility address, it should be appended to the end of line 1 of the Agent Cashier Street Address.

During installation, you will be prompted to enter your new Facility Name for Billing. Sites will have the option of re-entering their street address or appending their facility routing symbol to their existing street address. Your street address and routing symbol must be 1-25 characters in length. See Appendix C for Sample Installation process. Your IRM office will need this information prior to installation of IB*2*51.

- It will be necessary to have the full address for any CBOC entered in the INSTITUTION file.

- Integrated sites will now have the ability to set a site parameter to control the printing of the rendering facility name in box 32 of the HCFA 1500. This is necessary for integrated sites that have centralized their billing at a single facility that is not the rendering facility. If the rendering facility's division is not a remote site (i.e. the main facility), the rendering facility's name must print in block 32 of the HCFA 1500 while the billing facility's name must print in box 33. The parameter can be set using the MCCR Site Parameter Enter/Edit [IB MCCR PARAMETER EDIT] option, which is located on the IB BILLING SUPERVISOR MENU. Answering YES to the Other Facility is Billing Facility prompt will allow this data to be printed correctly.

- The insurance company mailing address, which will print in block 84 of the UB-92 and at the top of the HCFA 1500, will now only print the first 4 lines of the address. As many sites have insurance company addresses that include a PO Box number, the Street Address Line 2 and Street Address Line 3 of the INSURANCE COMPANY file will now be combined, when printing claims, up to a maximum of 35 characters. Anything more than 35 characters will be truncated. This will prevent sites from having to edit their insurance company address information.

Technical Notes

System Resources
There is no significant increase in system resources required for the implementation of IB*2*51.

New Options
One new option, NON-VA Facility Data (IBCE PRVNVA FAC EDIT), will be introduced with the installation of IB*2*51. This option is located on the IB BILLING SUPERVISOR MENU and is used for entering and editing Non-VA facility information for billing.

Changed Options
The MCCR Site Parameter Enter/Edit [IB MCCR PARAMETER EDIT] option has been modified to include new fields, FACILITY NAME FOR BILLING and BILLING SITE IS OTHER FACILITY. The new fields are located in caption 5 on the MCCR Site Parameter Enter/Edit Screen.

New Files
A new file, IB NON VA BILLING PROVIDER (#355.93), is being introduced with this patch. This file will contain the names of NON-VA facilities that provided services to the VA for which the VA can in turn bill an insurance company for reimbursement.

New Fields

The following tables lists the new fields, with descriptions, included with this patch.

File: IB SITE PARAMETER (#350.9)		
FACILITY NAME FOR BILLING (#2.1)	•	Holds free text data that will print on the first line of the UB-92, form locator 1 and Box 33 of the HCFA 1500. Storage is at 2;10
BILLING SITE IS OTHER FACILITY (#2.12)	•	Integrated sites that have centralized their billing at a single facility that is not the rendering facility use this field. Storage is at 2;12

File: BILL/CLAIMS (#399)			
REVENUE CODES (#42)		•	Multiple field modified
		SUB FILE REVENUE CODE (#399.042)	
	UB92 FORM LOCATOR 49 (#.13)	•	Holds free text data that will print on the revenue code's line in FL 49 of the UB-92 printed form. Storage is at 0;13
	RX PROCEDURE (#.15)	•	Holds the soft reference pointer between the revenue code entry and its corresponding procedure entry. Storage is at 0;15
NON-PTF ADMISSION HOUR (#159.5)		•	Holds the user-entered hour of admission for an admission that does not exist in PTF. Storage is at U;20
PROVIDERS (#222)		•	New multiple field. This contains provider id data for the bill. Storage is at 'PRV' node.
		SUB FILE PROVIDER (#399.0222)	
	FUNCTION (#.01)	•	Indicates the 'type' of provider being entered (RENDERING/REFERRING/ATTENDING/OPERATING/OTHER). Storage is at 0;1
	PERFORMED BY (#.02)	•	Indicates the provider's name. Storage is at 0;2
	CREDENTIALS (#.03)	•	Holds the 1-3 character credentials of the provider. This is automatically stuffed for providers in file 200 (NEW PERSON). Storage is at 0;3
	STATE (#.04)	•	Indicates the provider's state for a REFERRING provider. Storage is at 0;4
	PRIMARY INS CO ID NUMBER (#.05)	•	Holds the primary ins. company's specific id number for the provider. Storage is at 0;5
	SECONDARY INS CO ID NUMBER (#.06)	•	Holds the secondary ins. company's specific id number for the provider. Storage is at 0;6
	TERTIARY INS CO ID NUMBER (#.07)	•	Holds the tertiary ins. company's specific id number for the provider. Storage is at 0;7
	SPECIALTY (#.08)	•	Holds the specialty of a free text provider entry. Storage is at 0;8
SECONDARY AUTHORIZATION CODE (#230)		•	Holds the authorization code for the bill if assigned by the secondary payer. Storage is at U2;8
TERTIARY AUTHORIZATION CODE (#231)		•	Holds the authorization code for the bill if assigned by the tertiary payer. Storage is at U2;9
NON-VA FACILITY (#232)		•	Holds the pointer (in the IB NON VA BILLING PROVIDER file) for the NON-VA facility that provided the services being billed. Storage is at U2;10
NON-VA CARE TYPE (#233)		•	Holds a flag indicating the type of care provided by a non-VA entity. Storage is at U2;11
NON-VA CARE ID (#234)		•	Holds the id # of the non-VA entity that provided the care. Storage is at U2;12
LAB CLIA NUMBER (#235)		•	Holds the CLIA # of the non-VA entity that provided the lab services. Storage is at U2;13
HOMEBOUND (#236)		•	Allows an indication that the patient was homebound for purchased lab services. Storage is at U2;14
DATE LAST SEEN (#237)		•	Holds the date the patient was last seen for PT/OT or routine foot care if non-VA. Storage is at U2;15
SPECIAL PROGRAM INDICATOR (#238)		•	Allows entry of a program # that the patient is participating in for special MEDICARE programs that MEDICARE requires to be reported. Storage is at U2;16
PROCEDURES (#304)		•	Multiple field modified

			SUB FILE PROCEDURES (#399.0304)
	MINUTES (#15)		• Holds the # of anesthesia minutes being billed. Storage is at 0;16
	CPT MODIFIER SEQUENCE (#16)		• New multiple field. This contains CPT modifier data for the bill. Storage is at 'MOD' node.
			SUB FILE CPT MODIFIER SEQUENCE (#399.30416)
		CPT MODIFIER SEQUENCE (#.01)	• Holds the sequence # the modifier should appear in when printed/transmitted. Storage is at 0;1
		CPT MODIFIER (#.02)	• Holds a modifier for the procedure being billed. Storage at 0;2
	EMERGENCY PROCEDURE? (#17)		• Holds an indicator that the service was performed on an emergency basis. Storage is at 0;17
	PURCHASED COST (#19)		• Holds the amount paid for this service if it was a purchased service. Storage is at 0;19
	HCFA BOX 24K (#50.01)		• Holds the free text data that should print in box 24K on the local HCFA 1500 Storage is at AUX;1
	LAST XRAY DATE (#50.02)		• Holds the date of the last x-ray taken for the patient for chiropractic services. Storage is at AUX;2
	ATTENDING NOT HOSPICE EMPLOYEE (#50.03)		• Holds an indicator that the service was performed in a hospice and the attending provider was not a hospice employee. Storage is at AUX;3
	LEVEL OF SUBLUXATION (#50.04)		• Holds the level of subluxation (dislocation) assigned to this patient for chiropractic services. Storage is at AUX;4
	CHIRO TREATMENT SERIES NUM (#50.05)		• Holds the series number for the chiropractic care. Storage is at AUX;5
	CHIROPRACTIC QUANTITY (#50.06)		• Holds the total number of treatments in the series for chiropractic care. Storage is at AUX;6
	EPSDT FLAG (#50.07)		• Holds an indicator that the service was EPSDT related. Storage is at AUX;7
	SERVICE LINE COMMENT (#50.08)		• Holds the free text data that will print across box 24 on the printed HCFA 1500 (on second line for the line item). Storage is at AUX;8
PRINT FACILITY DATA IN BOX 32 (#401)			• Holds the set of codes data indicating whether the claim is for the facility's main division. This will be used by sites that have centralized their billing at a single facility that is not the rendering facility. Storage is at UF2;2
FORM LOC 19-UNSPECIFIED DATA (#459)			• Holds data that a payer requires to be reported in box 19 on a HCFA 1500 and there is no specific data field to enter it into. Storage is at UF31;3

Updated Files/Fields

Data Dictionary Changes	
File: INSURANCE COMPANY (#36)	
STREET ADDRESS [LINE 1] (#.111)	• Modified trigger cross reference (#1) to replace the $N with $O in M code • Modified trigger cross reference (#2) to replace the $N with $O in M code
STREET ADDRESS [LINE 2] (#.112)	• Modified trigger cross reference (#1) to replace the $N with $O in M code
CLAIMS (INPT) STREET ADDRESS 1 (#.121)	• Modified trigger cross reference (#1) to replace the $N with $O in M code • Modified trigger cross reference (#2) to replace the $N with $O in M code
CLAIMS (INPT) STREET ADDRESS 2 (#.122)	• Modified trigger cross reference (#1) to replace the $N with $O in M code
APPEALS ADDRESS ST. [LINE 1] (#.141)	• Modified trigger cross reference (#1) and trigger cross reference (#2) to replace the $N with $O in M code
APPEALS ADDRESS ST. [LINE 2] (#.142)	• Modified trigger cross reference (#1) to replace the $N with $O in M code
INQUIRY ADDRESS ST. [LINE 1] (#.151)	• Modified trigger cross reference (#1) and trigger cross reference (#2) to replace the $N with $O in M code
INQUIRY ADDRESS ST. [LINE 2] (#.152)	• Modified trigger cross reference (#1) to replace the $N with $O in M code
CLAIMS (OPT) STREET ADDRESS 1 (#.161)	• Modified trigger cross reference (#1) and trigger cross reference (#2) to replace the $N with $O in M code
CLAIMS (OPT) STREET ADDRESS 2 (#.162)	• Modified trigger cross reference (#1) to replace the $N with $O in M code
File: BILL FORM TYPE (#353)	
FORMAT TYPE (#2.02)	• New trigger cross-reference (#1) to force the parent form whose format type = 'S' (screen) to reference itself as a parent form. This is needed for the overrides by bill type and insurance company to work correctly for local screen 9 fields.
PARENT FORM (#2.05)	• Modified field's screen logic to allow entry of a parent form for all entries where the FORMAT TYPE='S', regardless of whether they are local or national. This allows local screens to have themselves as parent forms.
File: IB BILL/CLAIMS DIAGNOSIS (#362.3)	
ORDER (#.03)	• New trigger cross reference (#2) to set the ADMITTING DIAGNOSIS (file 399, field #215) in the BILL/CLAIMS file for the corresponding bill if this is an inpatient billing episode, the admitting diagnosis does not already exist on the bill and this is the first diagnosis being entered for the bill. This will also set field #215 if there are existing diagnoses on the bill, but the admitting diagnosis for the bill is missing and the new diagnosis has an order lower than any others associated with the bill.

File: IB FORM SKELETON DEFINITION (#364.6)	
BILL FORM (#.01)	• Modified cross reference (#4) - trigger of the field ASSOCIATED FORM DEFINITION (#.03) to stuff the value of the internal entry number of the form the record points to rather than the internal entry number of the record itself. Added a create and a delete condition so this cross-reference only works if bill form is not a SCREEN type form. Updated the cross reference's description. This is needed for the output formatter's screen 9 override of a field to work correctly.

ASSOCIATED FORM DEFINITION(#.03)	• In the input transforms of PAGE OR SEQUENCE (#.04), FIRST LINE NUMBER (#.05), STARTING COLUMN (#.08), and LENGTH (#.09), ignores the existence of data in the parent form's ASSOCIATED FORM DEFINITION if the entry references a screen type form.
	• Modified cross reference (#2) to only set the 'APAR' cross-reference if the ASSOCIATED FORM DEFINITION does not point to itself. This was needed because local screen 9 forms need to point to themselves with this field, but they do not truly have a 'parent' entry.
	• Modified the trigger cross references (#2-#6) to only delete PAGE OR SEQUENCE (#.04), FIRST LINE NUMBER (#.05), STARTING COLUMN (#.06), MAX NUMBER LINES (#.08), and LENGTH (#.09) if an associated form definition entry's BILL FORM (#.01) indicates it is NOT a SCREEN- type form. (These fields are no longer deleted for SCREEN type forms)
	• New style cross-reference ("ALL") added to keep track of the output formatter local overrides that apply to ALL insurance companies and ALL bill types. This is needed when there are other specific overrides for the same field for specific insurance companies. Cross reference is:
	
	^IBA(364.7,"ALL",#.03,ien of entry in file 364.7 that points to the record)=""
	
	Conditions for set: In the entry in file 364.7 that points to this record:
	    #.05 and #.06 both = null
	    #.02 indicates NATIONAL ('="L")
	    In this file:
	    #.03 ASSOCIATED FORM FIELD DEFINITION is not null

PAGE OR SEQUENCE (#.04)	• Deleted 'D' crosses reference (#2) as it served no logical purpose. Added a new style cross reference ('D') that includes the form ien,this field,line,starting column as a subscript for easy lookup.
LENGTH (#.09)	• Modified to allow edit of this field if this record is an override field for a screen-type form. This will allow fields on screen 9 to have overrides for insurance co and/or bill type.
File: IB FORM FIELD CONTENT (#364.7)	

FORM FIELD REFERENCE (#.01)
SECURITY LEVEL (#.02)
INSURANCE COMPANY (#.05)
BILL TYPE (#.06)
	• New style crosses reference ("ALL") added to keep track of the output formatter local overrides that apply to ALL insurance companies and ALL bill types. This is needed when there are other specific overrides for the same field for specific insurance companies. Cross reference is:
	
	^IBA(364.7,"ALL", associated form definition from file 364.6,DA)=""
	
	Conditions for set: #.05 and #.06 both = null
	    #.02 indicates NATIONAL ('="L")
	    #.03 ASSOCIATED FORM FIELD DEFINITION in entry
	    pointed to by #.01 is not null (.01:.03)

File: BILL/CLAIMS (#399)	
PTF ENTRY NUMBER (#.08)	• Deleted the trigger cross reference (#3) that set ACCIDENT HOUR (#160) to 99. 99 is no longer a valid value for ACCIDENT HOUR. If the hour is unknown, it must be blank. • Changed the $N command to $O in the field's trigger cross references (#1,#2,#4,#6)
PROCEDURE CODING METHOD (#.09)	1. Changed input transform to convert code of 4 (CPT-4) automatically to a code of 5 (HCPCS). 2. Updated the field description.
STATUS (#.13)	• Modified the set of codes. Changed status '2' from REVIEWED to REQUEST MRA, changed status '4' from PRINTED to PRNT/TX, changed status '5' from TRANSMITTED to **NOT USED** and modified the field's description. • Changed the $N command to $O in the "AST" cross-reference (#3), modified the field description.
FORM TYPE (#.19)	• Modified trigger cross-reference (#1) for PROCEDURE CODING METHOD (#.09) to force a 5 (HCPCS) instead of 4 (CPT-4) and replaced the $N with $O in the M code generated.
OCCURRENCE CODE (#41)	• Multiple field modified
	SUB FILE OCCURRENCE CODE (#399.041)

	DATE (#.02)	• Modified the input transform so the month and day are required (no imprecise dates are allowed).

REVENUE CODES (#42)		• Multiple field modified
	SUB FILE REVENUE CODE (#399.042)	
	REVENUE CODE (#.01)	• Added index cross reference "ADPR" to automatically delete the corresponding RX procedure (if any) when the revenue code is deleted. This does not happen when reasonable charges deletes the codes for recalculation purposes
	UNITS OF SERVICE (#.03)	• Modified input transform so that if the units entered are 0, it gets set to 1. Previously this only checked for not null to set it to 1 so 0's were erroneously allowed.
	TYPE (#.1)	• New trigger cross-reference (#1) to delete the ITEM (#.11) when TYPE is changed. • Also added a new trigger cross reference (#2) to delete the RX PROCEDURE (#.15) if the TYPE changes
	ITEM (#.11)	• New trigger cross-reference (#1) to delete the reference to the prescription procedure when the item being billed is changed.

PRIMARY INSURANCE POLICY (#112)	• Modified the trigger cross reference (#1) to remove the $N code reference • Modified the trigger cross reference (#3) that sets BILL PAYER POLICY (#136) to add an additional condition to fire the cross-reference if the primary insurance is MEDICARE WNR. Previously, if the current insurance is primary and is not an insurance that will reimburse, this trigger would not be fired.
SECONDARY INSURANCE POLICY (#113)	• Modified the input format to get the correct insurance company (call to DD^IBCNS2 – 3rd parameter) based on the sequence of secondary. Previously, it would always look for the primary. • Modified the trigger cross reference (#3) to set the BILL PAYER POLICY (#136) if the secondary insurance is MEDICARE WNR. Previously, if the current insurance is secondary and was not an insurance that will reimburse, this trigger would not be fired.
TERTIARY INSURANCE POLICY (#114)	• Modified the input format to get the correct insurance company (call to DD^IBCNS2 – 3rd parameter) based on the sequence of tertiary. Previously, it would always look for the primary.
SOURCE OF ADMISSION (#159)	• Modified the field description to include the outpatient description for this piece of data
ACCIDENT HOUR (#160)	• Modified the definition to limit data to 2 digits and no longer allow 99 as a valid entry. • Modified the field description and help text.

TREATMENT AUTHORIZATION CODE (#163)		• Modified the definition to set the value of the field to "demo #31" for MEDICARE MRA claims. • Modified the field description.
FORM LOCATOR 93 (#214)		• Flagged field for deletion in 18 months. Changed name to *FORM LOCATOR 93
PROCEDURES (#304)		• Multiple field modified
		SUB FILE PROCEDURES (#399.0304)
	PROCEDURES (#.01)	• New "condition for delete" to not allow deletion of a procedure code that was added by the system as a result of the addition of a corresponding prescription. • Deleting the prescription using the standard bill entry/edit options will delete the corresponding procedure code automatically.
	PRINT ORDER (#3)	• Modified the field description.
	TYPE OF SERVICE (#9)	• New trigger cross reference (#1) to delete MINUTES (#15) if the type of service entered is not anesthesia (7)
	CPT MODIFIER (#14)	• Flagged field for deletion in 18 months, changed name to *CPT MODIFIER.
	PROVIDER (#18)	• Modified the field description.
FORM LOCATOR 37A (#453)		• Added a title of PRIMARY INSURANCE ICN/DCN
FORM LOCATOR 37B (#454)		• Added a title of SECONDARY INSURANCE ICN/DCN
FORM LOCATOR 37C (#455)		• Added a title of TERTIARY INSURANCE ICN/DCN to field

Input Templates

INPUT TEMPLATE: [IB SCREEN3]	Called to edit billing screen 3 data
• Modified to ask if the provider function should be changed if the form type of bill is changed and RENDERING/ATTENDING provider function and form type no longer agree.	IBCEU5
INPUT TEMPLATE: [IB SCREEN4]	Called to edit billing screen 4 data
• Modified to ask for admission time if the bill is for a NON-PTF admission.	
INPUT TEMPLATE: [IB SCREEN5]	Called to edit billing screen 5 data
• Modified to only ask state if there is an occurrence code 2 (auto accident) instead of for every HCFA 1500 bill.	
INPUT TEMPLATE: [IB SCREEN6]	Called to edit billing screen 6 data
• Modified to ask if the provider function should be changed if the form type of bill is changed and RENDERING/ATTENDING provider function and form type no longer agree.	Routine: IBCEU5
INPUT TEMPLATE: [IB SCREEN7]	Called to edit billing screen 7 data
• Added a default to division prompt. This is taken from the default division on the bill • Displays a message if the charge was auto-added by reasonable charges. So users will know type and component can't be edited. • For prescription type of billable item, not added by reasonable charges, added a prompt for the RX PROCEDURE field (#.15) (the procedure that corresponds to the Rx). • Modified to ask if the provider function should be changed if the form type of bill is changed and RENDERING/ATTENDING provider function and form type no longer agree.	Routine: DEFDIV^IBCU7, IBCEU5
INPUT TEMPLATE: [IB SCREEN82]	Called for a UB-92 format bill to edit billing screen 8 data
• Moved the prompts for FORM LOCATOR 37A (#453), FORM LOCATOR 37B (#454) and FORM LOCATOR 37C (#455) from edit group 4 to edit group 1. Changed the prompts to their new titles: PRIMARY INSURANCE ICN/DCN, SECONDARY INSURANCE ICN/DCN, and TERTIARY INSURANCE ICN/DCN. The prompts for secondary and tertiary are asked only if there is a secondary or tertiary insurance company that exists for the bill. • Changed the prompt for TREATMENT AUTHORIZATION CODE (#163) to its new title PRIMARY AUTHORIZATION CODE. Added prompts for SECONDARY AUTHORIZATION CODE (#230) and TERTIARY AUTHORIZATION CODE (#231) if the secondary or tertiary insurance exists for the bill. • Added a prompt for SOURCE OF ADMISSION to edit group 1 if the bill is based on an inpatient episode • Removed the prompts for ATTENDING PHYSICIAN ID (#213) and OTHER PHYSICIAN ID field (#214) from edit group 2 and replaced them with the new PROVIDERS sub-field (#222). These prompts are for FUNCTION (#.01), PERFORMED BY (#.02), PRIMARY INS CO ID NUMBER (#.05), SECONDARY INS CO ID NUMBER (#.06) if a secondary insurance exists for the bill, TERTIARY INS CO ID NUMBER (#.07) if a tertiary insurance exists for the bill, CREDENTIALS (#.03), SPECIALTY (#.08) if the provider is a free text entry, and STATE (#.04) if the provider has been assigned a referring function • Removed the prompt for FORM LOCATOR 57 from edit group 5.	Routine: IBCSC82

INPUT TEMPLATE: [IB SCREEN8H]	Called for a HCFA 1500 format bill to edit billing screen 8 data
- Added prompts for FORM LOCATOR 37A (#453), FORM LOCATOR 37B (#454), FORM LOCATOR 37C (#455) in edit group 2, using their new titles: PRIMARY INSURANCE ICN/DCN, SECONDARY INSURANCE ICN/DCN, and TERTIARY INSURANCE ICN/DCN. Prompts for secondary and tertiary only appear if there is a secondary or tertiary insurance company defined for the bill. - Removed the no longer used prompt for BLOCK 31 (#400) field from edit group 2. - Added prompt for ADMITTING DIAGNOSIS (#215) to edit group 2. - Moved prompt for TREATMENT AUTHORIZATION CODE (#163) from edit group 3 to edit group 2 and now use its new title PRIMARY AUTHORIZATION CODE. For edit group 2, also added prompts for SECONDARY AUTHORIZATION CODE (#230) and TERTIARY AUTHORIZATION CODE (#231) if the secondary or tertiary insurance exists for the bill. - Added the new PROVIDERS sub-field (#222) as edit group 3. These prompts are for FUNCTION (#.01), PERFORMED BY (#.02), PRIMARY INS CO ID NUMBER (#.05), SECONDARY INS CO ID NUMBER (#.06) if there is a secondary insurance defined for the bill, TERTIARY INS CO ID NUMBER (#.07) if there is a tertiary insurance defined for the bill, CREDENTIALS (#.03) (triggered from NEW PERSON (#200) file's DEGREE (#10.6) field if not a free text provider entry), SPECIALTY (#.08) if the provider is a free text entry, and STATE (#.04) if the provider has been assigned a referring function. - Added edit group 4 to the screen that contains prompt for NON-VA FACILITY (#232) and also for NON-VA CARE TYPE (#233) and NON-VA CARE ID # (#234) if non-VA facility is entered. - Added edit group 5 that contains prompts for FORM LOC 19-UNSPECIFIED DATA (#459), a prompt to allow you to display the full HCFA 1500 box 19, then prompts for HOMEBOUND (#236), DATE LAST SEEN (#237), and SPECIAL PROGRAM INDICATOR (#238). The data from these last 3 prompts would appear in box 19 on a printed HCFA 1500 form. - Added new field PRINT FACILITY DATE IN BOX 32. If this bill is for the facility's main division and it should always print with the full name and address of the main facility in block 32 of the HCFA 1500, this field should be set to YES (1)	Routines: ASK19^IBCEU3, BOX19^IBCEU3
INPUT TEMPLATE: [IBCE ADD/EDIT LOCAL FORM FIELD]	Called by the output formatter when defining an override for a form field
Modified to correct a problem with overriding a screen form field.	
INPUT TEMPLATE: [IB EDIT MCCR PARM] Modified to include 2 new fields, FACILITY NAME FOR BILLING and BILLING SITE IS OTHER FACILITY.	

List Templates

IBJT ACTIVE LIST
The Third Party Joint Inquiry List has been modified to display the last means test category for the patient on the date of service being billed.

Print Templates

No print template changes have been made with this release

Protocols

No Protocol changes have been made with this release.

Security Keys

No new security keys have been added for this release.

Mail Groups

There are no new mail groups added with this release.

Installation Guide

General Description

This patch introduces the following functionality.

- Provides software modifications to the billing edit screens and changes to both the UB-92 and HCFA 1500 printed forms (Output Formatter). The edit changes implemented with IB*2*51 are required to bill according to the industry standards and to support the forthcoming electronic billing patch, IB*2*137.

It also addresses the following NOIS entries.
- SAJ-0999-72709
- SAJ-1099-70663
- LOM-0100-61016

The following patches are required to be installed before IB*2.0*51.

XM*7.1*50
IB*2.0*6
IB*2.0*76
IB*2.0*61
IB*2.0*117
IB*2.0*107
IB*2.0*82
IB*2.0*96
IB*2.0*121
IB*2.0*122
IB*2.0*125
IB*2.0*130
IB*2.0*138
IB*2.0*132
IB*2.0*133
IB*2.0*139
IB*2.0*143

The following routines may be deleted upon completion of the installation.

IBYOENV
IBYOPRE
IBYOPRE1
IBYOPOST
IBYOPOS1

=====================PRE-INSTALLATION INSTRUCTIONS===================

Refer to the Implementation Guidelines section of the Release Notes for detailed pre-installation information.

=====================PATCH INSTALLATION============================

Step by Step Instructions

THIS PATCH MUST BE INSTALLED AFTER NORMAL WORKING HOURS. Extensive changes are made to Integrated Billing so it should not be in use. Installation time should be less than 30 minutes.

1. HFS TRANSPORT GLOBAL
   This file is being exported via an HSF file on the OI Field Offices'
   Anonymous.Software directories. Get file: IB_2_51.KID.

2. DISABLE ROUTINE MAPPING (DSM for open VMS sites only)
   Disable routine mapping on all systems for the routines listed
   in step 3 below.
   NOTE: If the routines included in this patch are not currently in
   your mapped routine set, please skip this step.

3. ROUTINES SENT WITH PATCH
   The following is a list of the routine(s) included in this patch. The
   second line of each of these routine(s) will look like:

   <tab>;;2.0;INTEGRATED BILLING;**[patch list]**;21-MAR-94

                       CHECK^XTSUMBLD results

Routine name	Before Patch	After Patch	Patch List
============	============	===========	==========
IBACUS2	8332054	8343183	52,91,51
IBCA0	16511939	16924360	51
IBCA3	13464268	13454808	52,80,106,51
IBCB	13659763	15137166	52,80,106,51
IBCB1	10159840	13174041	70,106,51
IBCB2	6707692	13218891	52,51
IBCBB	3362113	4457497	80,51
IBCBB1	7698803	11188913	27,52,80,93,106
			51
IBCBB11	N/A	1185376	51
IBCBB2	1343158	12723073	51
IBCBB21	N/A	6165248	51
IBCBB3	N/A	7120236	51
IBCBB4	N/A	2543432	51
IBCBB5	N/A	3839590	51
IBCBB6	N/A	496054	51
IBCBB7	N/A	10283182	51
IBCBB7A	N/A	2239804	51

```
IBCBB8          N/A           2427509            51
IBCBB9          N/A           1122606            51
IBCC           6702369        7208577        2,19,77,80,51
IBCCC          7311685        8036585        80,109,106,51
IBCCC1         4196533        5619377        80,109,106,51
IBCCC2         15631243       18306806       80,106,124,138,51
IBCCCB         25516487       22396779       80,106,51
IBCCCB0         N/A           7443319            51
IBCCPT         18418378       19833822       55,62,52,91,106
                                                 125,51
IBCD3          10987045       13049295       14,55,52,91,106
                                                 125,51
IBCD5          11390517       17123495       14,31,106,51
IBCEF          7319429        8332925        52,80,51
IBCEF1         10322880       10831323       52,124,51
IBCEF11         N/A           11246155           51
IBCEF2         11044466       7338268        52,85,51
IBCEF21         N/A           4296286            51
IBCEF22         N/A           21254604           51
IBCEF3         6594438        9559516        52,84,121,51
IBCEF4          N/A           6862210            51
IBCEFG         11658320       11561119       52,51
IBCEFG0        9070782        9164522        52,51
IBCEFG1        6426001        8364958        52,51
IBCEFG4        13432611       13652310       52,51
IBCEFG41       4467237        4688302        52,51
IBCEFG5        7212866        6523934        52,51
IBCEFG6        13330337       14381390       52,51
IBCEFG60       7555717        7389521        52,51
IBCEFG61       3984526        4477817        52,51
IBCEFG7        12058059       14972667       52,84,96,51
IBCEFG8        4101031        4158409        52,88,51
IBCEP8          N/A           1767263            51
IBCEU           N/A           16629593           51
IBCEU2          N/A           15389261           51
IBCEU3          N/A           12064707           51
IBCEU4          N/A           11340283           51
IBCEU5          N/A           14390708           51
IBCF           7703772        8178978        33,63,52,121,51
IBCF2          5592228        7561916        17,52,88,122,51
IBCF21         8077588        8082387        8,80,51
IBCF22         4103985        5262160        52,80,122,51
IBCF23         12875529       13322616       52,80,106,122,51
IBCF23A         N/A           8842999            51
IBCF3          8358439        8540058        8,52,80,109,51
IBCF31         8328850        8434460        17,52,80,51
IBCF33         10920417       13205474       52,80,109,51
IBCF34         4562880        4656374            51
IBCFP1         7743808        11015108       54,52,80,121,51
IBCNQ          12255106       12390133           51
IBCNS1         6601295        7981564        28,60,52,85,107
                                                 51
IBCNS2         4349956        4419973        28,43,80,51
IBCOIVM1       7487971        7766790        6,51
IBCRBC         5281230        5413478        52,80,106,51
```

```
IBCRBC1        12906008        13445993        52,80,106,138,51
IBCRBC3         6233907         6981023        52,106,138,51
IBCRBF          2458956         3515973        52,106,51
IBCRBG         14476030        14480214        52,80,106,51
IBCRTN          4948111         4825775        51
IBCSC1          5176501         5592697        51
IBCSC3         13790206        16829535        8,43,52,80,82
                                               51
IBCSC4          9885711         9797764        52,51
IBCSC4D        14137099        15648310        55,62,91,106,124
                                               51
IBCSC5          8392630         9362180        52,125,51
IBCSC5A        15811460        17862804        27,52,106,51
IBCSC5C        10575460        11981930        27,52,130,51
IBCSC6          9810633         9788865        52,80,109,106,51
IBCSC61         5187558         5620112        52,80,106,51
IBCSC82         4196265         8258817        51
IBCSC8H         1582522         8654076        51
IBCSC9          4906846         5352681        52,51
IBCSCE          7003479         7051806        52,80,91,106,51
IBCSCH         23754535        26694887        52,80,106,124,138
                                               51
IBCSCH1        14503423        14198684        106,125,51
IBCSCP          5640759         5537421        52,51
IBCSCU          6528330         7480182        52,51
IBCU           12278802        12608898        52,106,51
IBCU1           7188598         9770518        27,52,106,138,51
IBCU3           9207914         9100631        52,80,91,106,51
IBCU41          7875546         8789741        80,106,51
IBCU5           5544084         5544110        8,52,80,117,51
IBCU64          6902948        11281572        14,80,130,51
IBCU7          14051562        21017348        62,52,106,125,51
IBCU73          5266831         6697266        138,51
IBCVA           3397526         3363565        109,51
IBCVA1          8844339        10198334        52,80,109,51
IBEFUNC         4203495         8203989        55,91,106,139,51
IBEFUNC2        2541763         2920502        51
IBEPAR         12409963        12771072        133,51
IBEPAR1         2533964         2545515        51
IBJPS           1877699         1895463        39,52,70,115,143
                                               51
IBJPS2          9964543        10632280        39,52,115,143,51
IBJTBA         10829823         7428953        39,80,51
IBJTBC          5342640         5397694        39,80,51
IBJTLA1         3340105         3563843        39,80,61,51
IBOCNC2         6844747         6370865        76,51
IBR             6066561         6066561        52,70,93,113,132
                                               51
IBTOBI4         7849201         7545109        91,125,51
IBTRE          10496293        10486066        122,51
IBYOENV            N/A         21672373        51
IBYOPOS1           N/A          6287122        51
IBYOPOST           N/A         13239746        51
IBYOPRE            N/A         15616026        51
IBYOPRE1           N/A          3252459        51
```

4. START UP KIDS
   Start the Kernel Installation and Distribution System Menu
   [XPD MAIN]
           Edits and Distribution...
           Utilities...
           Installation...

   Select Kernel Installation & Distribution System Option: Installation

           Load a Distribution
           Print Transport Global
           Compare Transport Global to Current System
           Verify Checksums in Transport Global
           Install Package(s)
           Restart Install of Package(s)
           Unload a Distribution
           Backup a Transport Global

   Select Installation Option:

5. LOAD A DISTRIBUTION
   Load the transport global from HFS File 'IB_2_51.KID'

6. SELECT INSTALLATION OPTION:
   NOTE: The following are OPTIONAL - (When prompted for the
   INSTALL NAME, enter IB*2.0*51):

   a. Backup a Transport Global - This option will create a backup
      message of any routines exported with this patch. It will not
      backup any other changes such as DD's or templates.
   b. Compare Transport Global to Current System - This option will
      allow you to view all changes that will be made when this
      patch is installed. It compares all components of this patch
      (routines, DD's, templates, etc.).
   c. Verify Checksums in Transport Global - This option will allow
      you to ensure the integrity of the routines that are in the
      transport global.

7. INSTALL KIDS PATCH
   **This is the step to start the installation of this KIDS patch:

   a. Choose the Install Package(s) option to start the patch install.

   b. When prompted 'Want to DISABLE Scheduled Options and Menu
      Options? YES//', answer 'YES'

c. When prompted 'Enter options you wish to mark as 'Out of Order':'
enter options:

Billing Clerk's Menu   [IB BILLING CLERK MENU]
Billing Supervisor Menu   [IB BILLING SUPERVISOR MENU]

d. When prompted 'Enter protocols you wish to mark as 'Out
of Order':, press return.

8. <u>DELETE ENVIRONMENT CHECK, PRE AND POST-INIT ROUTINES</u>
Delete routines IBYOENV, IBYOPRE, IBYOPRE1, IBYOPOS1 and IBYOPOST routines from your
system after successful installation of this patch.

Appendix A - Checklist for EDI Readiness Patch

(Information for VHA Revenue Coordinators & IRM support staff)

What you can do now:
1. Re-read instructions from patch IB*2*136.
2. Use the option called "List All Local Print Fields " to identify and print their locally defined override fields from the Output Formatter.
3. Verify all CBOCs have full addresses in the Institution file. (Must include street address, city, state and zip code.)
4. Make sure the Degree Field (#10.6) of New Person file is populated appropriately. (MD, etc.) This will allow the credentials of the providers to populate on Billing Screen <8> automatically.

What to do when the patch is released:
1. Install IB*2*51 in your Test Account.
2. Have billers create UB-92 and HCFA 1500 bills.
3. Check paper copies of the bills to see if you need to re-apply local Output Formatter fields.
4. Practice folding UB-92 so the correct address appears in window of envelope (May need to adjust "folding" machine.)
5. Contact carriers and let them know about the new bill format.
6. *If you have local EDI contract:
   a. Compare EDI data transmission generated in Test Account vs. Production.
   b. Review document called "Technical Suggestions for Local EDI Sites.doc" which contains suggestions for modifying your local EDI routines.
   c. Work with local EDI vendor to make sure transmission is acceptable.
7. Notify IRM when MCCR/Business Office is ready to install IB*2*51 in Production Account.

Training materials for IB*2*51 – Billing Enhancement for EDI:
1. Billing Enhancements for EDI User's Guide
2. EDI Quick Reference Card
3. Billing Enhancements for EDI - Tabbed Reference Guide
4. EDI Readiness Training Calls (50 minutes) Tuesday, April 10, 2001
   a. 8 o'clock Eastern   800-230-2250   access code: 29594
      (100 lines for VAMCs in Eastern time zone)
   b. 11 o'clock Eastern   800-767-1750   access code: 29694
      (100 lines for VAMCs in Central & Mountain time zone)
   c. 4 o'clock Eastern   800-767-1750   access code: 29694
      (100 lines for VAMCs in Mountain & Pacific time zone)

Appendix B - Technical Suggestions for VA Facilities with Local EDI Contracts

Patch IB*2*51, Billing Enhancements for EDI, includes new billing edits, changes to both the UB-92 and HCFA 1500 printed forms (Output Formatter), and several changes to the Billing Screens. The edit changes implemented with IB*2*51 are required to bill according to the industry standards and to support the forthcoming electronic billing patch, IB*2*137. The following suggestions apply only to those facilities who transmit data from VistA to local EDI systems.

When patch IB*2*51 is released, the output formatter will be the only way all the new data and print format can be reliably accessed. As a result of this, **local EDI routines that currently call the IBCF* routines to produce a print image 'file' will need to be modified** to use the output formatter instead of these routines. This document will attempt to give a few suggestions on how this may be accomplished:

Example 1

   If you wrote a LOCAL routine that finds all the bills you want to transmit via your local EDI, stores them in a global where the original bill ien (file 399) is identified and you use either the standard print routines (IBCF*) or modified copies of these routines, you can try the following.

   - Leave your 'find bill' routine as it is. Just before you begin the loop through your global of extracted bill ien's to 'print/output', add the following code: *[This will execute the form setup code for UB92 and HCFA 1500 bills, and initiate the bill counter to 0]*

     ```
     N IBCT
     D FORMPRE^IBCFP1
     S IBCT=0
     ```

   - If the output device has been defined at this point and it's not the home device, add a line to U IO.
     If the output device has not yet been indicated, do that here, then U IO.

   - If you have made changes to the standard print output for your local EDI, you will need to use the Output Formatter's field override functionality (that can be done specific to insurance co or inpatient/outpatient bill type) to add these changes to the output of the bill data.

   - Within the loop, as you identify the form type and start the output of the bill data, use the following code.
     [*This will activate the output formatter to extract the data for the bill and store it in an extract global – which you will print it after all bills are processed.*]

     ```
     D ROUT^IBCFP1(IBFT,1,IBIFN,.IBCT) where IBFT = the ien of the form (2 for HCFA 1500,
     3 for UB92)
             IBIFN = the internal entry number of the bill in file 399
             IBCT = the running count of the number of bills being extracted (this will automatically
                 be updated by the formatter code).
                 The second parameter (1) simply says this is the initial print of the bill.
     This call will also update the bill's status to 'printed'.
     ```

- When you have looped through all the bills that should be extracted to your EDI, execute the following code: [*This will actually 'print/output' the bill image data, close your device (if necessary) and will execute the form clean up code for UB92 and HCFA 1500 bills*]

  D PRINT^IBCEFG7(IBFT) where IBFT is the same as described above
  [and, if you've opened a device above to close the device] D ^%ZISC
  D FORMPOST^IBCFP1

Example 2

If you have a PROPRIETARY format for the output of your bills and it does not require the use of the IBCF* routines, it is recommended that you use the same logic as in example 1 up to the call to the PRINT^IBCEFG7(IBFT) point. Instead of 'printing the bill image, you can 'intercept' the output in the printed format as it is stored in the global:

^TMP("IBXDATA",$J,IBCT,IBPG,IBLN,IBCOL)=data to print

    IBCT = the record counter (see description above)
    IBPG = the page of the bill (most times this will be 1 except in the case of multiple page bills)
    IBLN = the line on the page where this data will print
    IBCOL = the starting column to output the data

- The data stored at each PAGE, LINE, COLUMN can be found by printing the form definition from file 364.6 (IB FORM SKELETON DEFINITION). Sort by form, page, line, column. The short description field should give an idea of the record's contents.

- Remember, you can always use the field override capabilities of the output formatter to modify the data's physical output appearance.

- If you need to 'recalculate a field on the fly, not through the formatter', since the formatter global does not have a reference to the ien of the bill, you could store the bill's ien and the corresponding IBCT value just after the call to ROUT^IBCFP1. Use this saved reference (retrieving it based on the record count IBCT) to identify the bill and perform any special processing you might need for your specific EDI extract implementation.

Appendix C - Sample Installation

```
Select Installation Option: INstall Package(s)
Select INSTALL NAME: IB*2.0*51         Loaded from Distribution  3/13/01@15:52:30
     => IB*2.0*51 BILLING ENHANCEMENTS FOR EDI  ;Created on Mar 13, 2001@15:15:19

This Distribution was loaded on Mar 13, 2001@15:52:30 with header of
 IB*2.0*51 BILLING ENHANCEMENTS FOR EDI  ;Created on Mar 13, 2001@15:15:19
 It consisted of the following Install(s):
      IB*2.0*51
Checking Install for Package IB*2.0*51
Will first run the Environment Check Routine, IBYOENV

Checking for local output formatter entries in wrong number space

Install Questions for IB*2.0*51

Current Agent Cashier Mail Symbol: VA MEDICAL CENTER (04)
The Agent Cashier Mail Symbol has more than 18 characters
or contains non-alpha characters so it can't be used for the
new FACILITY NAME FOR BILLING data.  You must enter a new
FACILITY NAME FOR BILLING (consisting of 1-18 alpha
characters & spaces only)


NEW FACILITY NAME FOR BILLING: VAMC ALBANY

*****************************************
Update Agent Cashier Street Address to include the agent cashier mail symbol
Enter a new street address or add the agent cashier mail symbol to the end
of the current street address (max length of 25)
FACILITY NAME FOR BILLING (consisting of 1-18 alpha
characters & spaces only)

Current Agent Cashier Street Address: 1224 TEST ST. (04) (18 char)

YOU CAN NOW:
1 - MAKE NO CHANGES TO THE EXISTING ADDRESS
2 - REENTER THE ENTIRE ADDRESS LINE
3 - APPEND MAIL SYMBOL TO END OF EXISTING ADDRESS
SELECT AN ACTION: APPEND MAIL SYMBOL TO END OF EXISTING ADDRESS// 1

NO AGENT CASHIER ADDRESS LINE CHANGES MADE
Incoming Files:


   36        INSURANCE COMPANY  (Partial Definition)
Note:  You already have the 'INSURANCE COMPANY' File.


   350.8    IB ERROR  (including data)
Note:  You already have the 'IB ERROR' File.
I will OVERWRITE your data with mine.
```

```
     350.9     IB SITE PARAMETERS  (Partial Definition)
Note:  You already have the 'IB SITE PARAMETERS' File.


     353       BILL FORM TYPE  (Partial Definition)
Note:  You already have the 'BILL FORM TYPE' File.


     355.93    IB NON VA BILLING PROVIDER
Note:  You already have the 'IB NON VA BILLING PROVIDER' File.


     362.3     IB BILL/CLAIMS DIAGNOSIS  (Partial Definition)
Note:  You already have the 'IB BILL/CLAIMS DIAGNOSIS' File.


     364.5     IB DATA ELEMENT DEFINITION  (including data)
Note:  You already have the 'IB DATA ELEMENT DEFINITION' File.
I will OVERWRITE your data with mine.


     364.6     IB FORM SKELETON DEFINITION  (including data)
Note:  You already have the 'IB FORM SKELETON DEFINITION' File.
I will OVERWRITE your data with mine.


     364.7     IB FORM FIELD CONTENT  (including data)
Note:  You already have the 'IB FORM FIELD CONTENT' File.
I will OVERWRITE your data with mine.


     399       BILL/CLAIMS  (Partial Definition)
Note:  You already have the 'BILL/CLAIMS' File.

Want KIDS to Rebuild Menu Trees Upon Completion of Install? YES// NO

Want KIDS to INHIBIT LOGONs during the install? YES// NO
Want to DISABLE Scheduled Options, Menu Options, and Protocols? YES//

Enter options you wish to mark as 'Out Of Order': IB BILLING SUPERVISOR MENU
   Billing Supervisor Menu

Enter options you wish to mark as 'Out Of Order': IB BILLING CLERK MENU
   Billing Clerk's Menu

Enter options you wish to mark as 'Out Of Order':

Enter protocols you wish to mark as 'Out Of Order':

Delay Install (Minutes):  (0-60): 0//
```

```
Enter the Device you want to print the Install messages.
You can queue the install by enter a 'Q' at the device prompt.
Enter a '^' to abort the install.


DEVICE: HOME//   Decnet

 Install Started for IB*2.0*51 :
               Mar 13, 2001@15:53:52

Build Distribution Date: Mar 13, 2001

 Installing Routines:
               Mar 13, 2001@15:54:02

 Running Pre-Install Routine: ^IBYOPRE

Pre-Installation Updates

Delete xrefs and output formatter data that will be updated during install

Checking for Output Formatter Local Print Field Overrides
```

**NOTE: If your site has locally defined print field overrides, they will print here **

```
INTEGRATED BILLING LOCAL PRINT FIELD OVERRIDES

                    DESCRIPTION          DATA ELEMENT
-----------------------------------------------------------------------------
  LOCAL PRINT FORM NAME: LOCAL UB 92
           PARENT FORM: UB-92

LINE: 14/COL: .9                       N-AGENT CASHIER STREET ADDRESS
       CODE: I $TR(IBXDATA," ^")'="" N Q,Y S
             IBXSAVE("RP",1)=$P(IBXDATA,U,5),Q=1 X "N Z,A F Z=6,7
             S A=$P(IBXDATA,U,Z) I A'="""" S
             Q=Q+1,IBXSAVE(""RP"",Q)=A" S Y=$P(IBXDATA,U,4) D
             ZIPOUT^VAFADDR S IBXSAVE("RP",Q+1)=$P(IBXDATA,U,2)_",
             "_$P(IBXDATA,U,3)_" "_Y
       DESC: Takes data extracted from current insured's address
             and the city/state/zip and saves the values in
             IBXSAVE array.


   >> Output formatter entries delete/update completed.

 Installing Data Dictionaries: ..
               Mar 13, 2001@15:54:16

 Installing Data: ........
               Mar 13, 2001@15:54:59

 Installing PACKAGE COMPONENTS:
```

```
 Installing INPUT TEMPLATE

 Installing LIST TEMPLATE

 Installing OPTION
               Mar 13, 2001@15:55:09

 Running Post-Install Routine: POST^IBYOPOST

Running new 'D' cross reference on FORM,PAGE,LINE,COLUMN in file 364.6...

Running trigger of ASSOCIATED FORM DEFINITION in file 364.6...

Setting new 'ALL' xref in file 364.7...

Populate all SCREEN FORM PARENT FORMS field.

Step complete.

Fixing entries in Type of Service file

Step complete.

Moving single modifiers to multiple field, correcting mailing address zip code

Step complete.

Setting up local form defaults for bill forms.

Step complete.

Post install complete.

 Updating Routine file...

 The following Routines were created during this install:
     IBXX
     IBXX1
     IBXX10
     IBXX11
     IBXX12
     IBXX13
     IBXX14
     IBXX15
     IBXX16
     IBXX17
     IBXX18
     IBXX19
     IBXX2
     IBXX20
     IBXX21
     IBXX22
     IBXX23
     IBXX24
```

```
IBXX25
IBXX26
IBXX3
IBXX4
IBXX5
IBXX6
IBXX7
IBXX8
IBXX9
IBXPAR
IBXPAR1
IBXPAR2
IBXSC3
IBXSC31
IBXSC32
IBXSC33
IBXSC34
IBXSC35
IBXSC36
IBXSC37
IBXSC38
IBXSC39
IBXSC4
IBXSC41
IBXSC42
IBXSC43
IBXSC44
IBXSC5
IBXSC51
IBXSC52
IBXSC53
IBXSC54
IBXSC55
IBXSC6
IBXSC61
IBXSC610
IBXSC611
IBXSC612
IBXSC613
IBXSC614
IBXSC615
IBXSC616
IBXSC617
IBXSC618
IBXSC619
IBXSC62
IBXSC63
IBXSC64
IBXSC65
IBXSC66
IBXSC67
IBXSC68
IBXSC69
IBXSC7
```

```
        IBXSC71
        IBXSC710
        IBXSC711
        IBXSC712
        IBXSC713
        IBXSC714
        IBXSC715
        IBXSC716
        IBXSC717
        IBXSC718
        IBXSC719
        IBXSC72
        IBXSC720
        IBXSC721
        IBXSC722
        IBXSC73
        IBXSC74
        IBXSC75
        IBXSC76
        IBXSC77
        IBXSC78
        IBXSC79
        IBXSC8H
        IBXSC8H1
        IBXSC8H2
        IBXSC8H3
        IBXSC8H4
        IBXSC8H5
        IBXSC8H6
        IBXSC8H7
        IBXSC82
        IBXSC821
        IBXSC822
        IBXSC823
        IBXSC824
        IBXSC825

 Updating KIDS files...

 IB*2.0*51 Installed.
               Mar 13, 2001@16:12:16

 Install Message sent #92237

Install Completed
```

Appendix D - Output Formatter Form Field Content Changes

Updates to patch IB*2*136 EDI Readiness Informational Patch Detailed Documentation

Throughout the development and testing process of patch IB*2*51, it has been necessary to make some changes to the printed UB-92 and HCFA 1500 forms that were previously outlined in patch IB*2*136. These changes are listed as follows:

<table>
<tr><td colspan="2" align="center">OUTPUT FORMATTER FORM FIELD CONTENT CHANGES
(File 364.7)</td></tr>
<tr><td colspan="2">UB92 CHANGES:</td></tr>
<tr><td colspan="2">FL 1 BILLING SITE</td></tr>
<tr><td>LINE 1:</td><td>Will print Facility Name for Billing from IB SITE PARAMETERS file (maximum 18 characters)</td></tr>
<tr><td colspan="2">FL 84 REMARKS (USED BY VA FOR INSURANCE CO NAME AND ADDRESS)</td></tr>
<tr><td>LINE 3:</td><td>Street Address Line 2 and Street Address Line 3 of the insurance company address have been combined, when printing claims, up to a maximum of 35 characters.</td></tr>
<tr><td colspan="2">HCFA 1500 CHANGES:</td></tr>
<tr><td colspan="2">Top of Form</td></tr>
<tr><td>FORM LINE 2:</td><td>Street Address Line 2 and Street Address Line 3 of the insurance company address have been combined, when printing claims, up to a maximum of 35 characters.</td></tr>
<tr><td colspan="2">Box 32 WHERE CARE WAS RENDERED, IF NOT MAIN FACILITY (REMOTE/OUTSIDE FACILITY)</td></tr>
<tr><td>LINE 1: RENDERING FACILITY NAME</td><td>Only prints name of outside facility or facility division if rendering facility is not the main facility or if the new site parameter BILLING SITE IS OTHER FACILITY is answered YES. Changed DATA ELEMENT from N-FACILITY NAME to N-RENDERING INSTITUTION</td></tr>
<tr><td>LINE 2: RENDERING FACILITY STREET ADDRESS</td><td>Prints the street address of the outside facility (from the INSTITUTION file) or facility division if rendering facility is not the main facility or if the new site parameter BILLING SITE IS OTHER FACILITY is answered YES.</td></tr>
<tr><td>LINE 3: RENDERING FACILITY CITY/STATE/ZIP</td><td>Prints the city, state and zip code of the outside facility (from the INSTITUTION file) or facility division if rendering facility is not the main facility or if the new site parameter BILLING SITE IS OTHER FACILITY is answered YES.</td></tr>
<tr><td colspan="2">Box 33 BILLING ENTITY (MAIN FACILITY)</td></tr>
<tr><td>LINE 1: NAME OF BILLING ENTITY</td><td>Will print Facility Name for Billing from IB SITE PARAMETERS file (maximum 18 characters) and right justified, the AGENT CASHIER PHONE.</td></tr>
</table>